

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 415296 (3)

1. Corporation Name

DESIGNS BY METZKE, INC.

Principal Place of Business

5019 METZKE
TALLAHASSEE FL 32303
US

Mailing Address

PO BOX 3667
TALLAHASSEE FL 32315
US



3. Date Incorporated or Qualified

12/27/1972

3a. Date of Last Report

04/04/1995

4. FEI Number

59-1439785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

METZKE, MARY
2601 TROLAND ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mary B. Metzke

(NOTE: Registered Agent signature required when reinstating)

2-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

President

☐ Change ☐ Addition

NAME METZKE, STEPHEN
STREET ADDRESS 835 N LAKESHORE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE

Treasurer

☒ Change ☐ Addition

NAME METZKE, MARY
STREET ADDRESS 2601 TROLAND ROAD
CITY-ST-ZIP TALLAHASSEE FL

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE

SP Secretary/Director

☒ Change ☐ Addition

NAME METZKE, BARBARA
STREET ADDRESS 3872 MAGELLAN TRL
CITY-ST-ZIP TALLAHASSEE FL

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (904) 562-4167

CR2E034 (12/95)